



Cyclone Gymnastics
6800 Commerce Court Drive
Blacklick, OH 43004
614-863-4616

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|------------------------------|
| PARTICIPATION RELEASE |
|------------------------------|

Student's Name: _____

Age: _____

Birthdate: _____

Parent's Name(s): _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Address: _____

City, State, Zip: _____

I am fully aware of and appreciate the risks, including risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in gymnastics. I further agree that Gahanna Cyclone Gymnastics, along with employees, agents, officers and directors of this organization shall not be liable for any losses or damages occurring as a result of my participation in the Gahanna Cyclone Gymnastics program or use of its facilities. I have read the policies and understand my responsibilities as a parent of a gymnast at G.C.G.

Signature of Parent or Guardian _____ **Date** _____